

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **16343**

FILED JUN 14 1955

BIRTH NO. _____		REG. DIST. NO. <u>299</u>		PRIMARY REG. DIST. NO. <u>6028</u>		Registrar's No. <u>6</u>			
1. PLACE OF DEATH a. COUNTY Reynolds				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Reynolds					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Black River				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Lesterville Twsp.					
d. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION State rd. #49 near Edge Hill				d. STREET ADDRESS 2 mi. SW of Lesterville <u>0900</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) GEORGE		b. (Middle) LEE		c. (Last) CLEMENTS			
4. DATE OF DEATH		(Month) June		(Day) 6		(Year) 1955			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Oct. 27 1905			
9. AGE (In years, last birthday) 49		IF UNDER 1 YEAR Months 7		Days 9		IF UNDER 1 YEAR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) star route mail carrier				10b. KIND OF BUSINESS OR INDUSTRY U. S. Postal Service Dent County Missouri					
11. BIRTHPLACE (State or foreign country) O				12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME Ike Clements				13b. MOTHER'S MAIDEN NAME Bettie Shipp		14. NAME OF HUSBAND OR WIFE Bessie Turner Clements			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Bessie Clements, Lesterville Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Suicide by gun shot.</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>E976 X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>public Road</u>				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Black River Twp Reynolds Co Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 6 1954 5:20 a</u>				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				21f. HOW DID INJURY OCCUR? <u>self inflicted. ball penetrating Rt. temple</u>	
22. I hereby certify that I attended the deceased from <u>6</u> , 19 <u>54</u> , to <u>6</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>5-29</u> , 19 <u>54</u> , and that death occurred at <u>5:20 a</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u>				23b. ADDRESS <u>corner Centerville Hwy</u>				23c. DATE SIGNED <u>6-9-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>				24b. DATE <u>6-8-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stricklin Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bixby Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6/9/55</u>				REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>275</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home, Ironton Missouri.</u>	

(Licensed Embalmer's Statement on Reverse Side)

a. J. White

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 14

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FEB 24 1956

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Arvid J. White

Licensed Embalmer No. 3012

P. O. Address Orton, Ind.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.